CAMEO CARE CENTER 5700 SOUTH 27TH STREET

5/90 SOUTH 27TH STREET
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MILWAUKEE 53221 Phone: (414) 282-130	00	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	106	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	112	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	99	Average Daily Census:	102

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No	Primary Diagnosis		Age Groups	%		17.2 50.5
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		   Under 65	14.1		15.2
Day Services	No	Mental Illness (Org./Psy)	21.2	65 - 74	16.2	i I	
Respite Care	No	Mental Illness (Other)	20.2	75 - 84	37.4		82.8
Adult Day Care	No	Alcohol & Other Drug Abuse	2.0	85 - 94	28.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.0	95 & Over	4.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	16.2	65 & Over	85.9		
Transportation	No	Cerebrovascular	13.1			RNs	7.1
Referral Service	No	Diabetes	5.1	Gender	ଚ	LPNs	9.8
Other Services	No	Respiratory	5.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.1	Male	26.3	Aides, & Orderlies	36.5
Mentally Ill	No			Female	73.7	I	
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare itle 18			Medicaid Sitle 19			Other		:	Private Pay			Family Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	2.7	139	0	0.0	0	2	33.3	180	0	0.0	0	0	0.0	0	4	4.0
Skilled Care	15	100.0	315	64	87.7	119	1	100.0	132	4	66.7	180	4	100.0	119	0	0.0	0	88	88.9
Intermediate				7	9.6	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	7.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		73	100.0		1	100.0		6	100.0		4	100.0		0	0.0		99	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period					0. 27. 11		
			0		% Needing	0 57 1 33	Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health		- 2 3 , ,	-	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.0		30.3	67.7	99
Other Nursing Homes	2.7	Dressing	4.0		52.5	43.4	99
Acute Care Hospitals	91.0	Transferring	10.1		50.5	39.4	99
Psych. HospMR/DD Facilities	1.6	Toilet Use	7.1		46.5	46.5	99
Rehabilitation Hospitals	0.0	Eating	46.5		37.4	16.2	99
Other Locations	0.5	*****	******	*****	*****	******	*****
Total Number of Admissions	188	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.1	Receiving Resp	iratory Care	2.0
Private Home/No Home Health	11.6	Occ/Freq. Incontiner	nt of Bladder	59.6	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	4.7	Occ/Freq. Incontiner	nt of Bowel	50.5	Receiving Suct	ioning	2.0
Other Nursing Homes	3.2	<u>-</u>			Receiving Osto	my Care	4.0
Acute Care Hospitals	58.4	Mobility			Receiving Tube	Feeding	12.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	3	anically Altered Diet	s 32.3
Rehabilitation Hospitals	0.0				_	-	
Other Locations	4.7	Skin Care			Other Resident C	haracteristics	
Deaths	17.4	With Pressure Sores		10.1	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		2.0	Medications		
(Including Deaths)	190				Receiving Psyc	hoactive Drugs	64.6

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	૪	Ratio	%	Ratio	왕	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.1	84.7	1.08	87.0	1.05	86.6	1.05	87.4	1.04
Current Residents from In-County	98.0	81.8	1.20	86.4	1.13	84.5	1.16	76.7	1.28
Admissions from In-County, Still Residing	17.0	17.7	0.96	18.9	0.90	20.3	0.84	19.6	0.87
Admissions/Average Daily Census	184.3	178.7	1.03	166.7	1.11	157.3	1.17	141.3	1.30
Discharges/Average Daily Census	186.3	180.9	1.03	170.6	1.09	159.9	1.17	142.5	1.31
Discharges To Private Residence/Average Daily Census	30.4	74.3	0.41	69.1	0.44	60.3	0.50	61.6	0.49
Residents Receiving Skilled Care	92.9	93.6	0.99	94.6	0.98	93.5	0.99	88.1	1.05
Residents Aged 65 and Older	85.9	84.8	1.01	91.3	0.94	90.8	0.95	87.8	0.98
Title 19 (Medicaid) Funded Residents	73.7	64.1	1.15	58.7	1.26	58.2	1.27	65.9	1.12
Private Pay Funded Residents	6.1	13.4	0.45	22.4	0.27	23.4	0.26	21.0	0.29
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	41.4	32.2	1.29	34.3	1.21	33.5	1.24	33.6	1.23
General Medical Service Residents	6.1	20.8	0.29	21.0	0.29	21.4	0.28	20.6	0.29
Impaired ADL (Mean)	64.4	51.8	1.24	53.1	1.21	51.8	1.24	49.4	1.30
Psychological Problems	64.6	59.4	1.09	60.0	1.08	60.6	1.07	57.4	1.13
Nursing Care Required (Mean)	8.2	7.4	1.11	7.2	1.14	7.3	1.13	7.3	1.12